

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>MM</i>	<i>7059</i>	<i>1/20</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>49</i>	<i>2/4/00</i>
<b>FORMALITY REVIEW</b>	<i>PD</i>	<i>66459</i>	<i>2-7-00</i>
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/20/00
2	✓	✓	1/20/00
3	✓	✓	1/20/00
4	✓	✓	1/20/00
5	✓	✓	1/20/00
6	✓	✓	1/20/00
7	✓	✓	1/20/00
8	✓	✓	1/20/00
9	✓	✓	1/20/00
10	✓	✓	1/20/00
11	✓	✓	1/20/00
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If more than 150 claims or 10 actions  
staple additional sheet here